



APPLICATION FOR PUBLIC LIBRARY CERTIFICATE

State Form 26859 (R3 / 11-00)

Approved by State Board of Accounts, 2000.

CERTIFICATION CONSULTANT

Library Development Office

Indiana State Library

140 North Senate Avenue

Indianapolis, IN 46204-2296

317-232-3697 or 1-800-451-6028 (Indiana only)

Fax: 317-232-0002

WWW: <http://statelib.lib.in.us> E-mail: ldo@statelib.lib.in.us

INSTRUCTIONS:

1. Fill out the application form completely.
2. Provide official transcript or other official verification of college record and library science degree (or courses).
3. Enclose \$1.00 fee for the certificate. The fee may be cash, personal check or money order, payable to the INDIANA STATE LIBRARY.
4. Mail the application, official transcript, and fee to the Certification Consultant whose address is listed at the above right.

Date (Month, day, year)		Personal/Work E-mail:	
Last Name	First Name	Middle Name	Maiden Name (if married)
Home Address (Street, number, city, state and zipcode)			Telephone (include area code)
Library Name			
Library Address (Street, number, city, state and zipcode)			Telephone (include area code)

GENERAL EDUCATION (NOT Library Training. This goes under NEXT heading.)

NAME OF INSTITUTION AND STATE	Dates of Attendance	Dates of Graduation	Degree
1. High School or Equivalent			
2. College or Equivalent			
3. Graduate School			
4. Other Information			

LIBRARY TRAINING

NAME OF INSTITUTION AND STATE	Dates of Attendance	College Credits Received	Degree/Diploma and Date
1. Accredited Library School (I.e., full-year course)			
2. Other Library Training			
3. Other Information			

PROFESSIONAL LIBRARY EMPLOYMENT

(If more space is needed, use an additional sheet, repeating headings. Dates should include beginning and ending day, month, and year.)

NAME OF LIBRARY AND STATE	Position Held	Dates	Principal Duty
Present Position			
Previous Position			
Previous Position			
Previous Position			

<i>INSTRUCTIONS: Applicant must be sure to supply all signatures called for below.</i>	
The information given in the application is correct, and on the basis of it, I, the applicant, apply for,	
Certificate as (Class or Grade)	Temporary Permit as (Class or Grade)
I enclose \$1.00 in <input type="checkbox"/> Personal check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	Applicant's Signature

APPLICANT'S SUPERIOR'S VERIFICATION	
I have reviewed this application and certify that the information is correct so far as pertains to this library. This applicant is classed at this library at present as:	
Applicant Classification or Title	
<i>INSTRUCTIONS: The signature box below must be signed by the Head Librarian, if the applicant is an Assistant; by a Board Member, if applicant is Head Librarian, if applicant is not now employed in Indiana, no signature is required.</i>	
Signature	Title of Signer
<i>INSTRUCTIONS: If applicant is a student, the Director of the Library School should sign below.</i>	
Signature	Title of Signer

DO NOT WRITE BELOW

Date Received	Requested	
Fee Received	Required	
Education	Population Served	
Transcript Received	Proposed	By
Library Education	Approved	By
Experience (creditable)	Date of Approval	

Receipt Number	Certificate Number	Date	Grade
Signature of Executive Secretary			

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Signature of Executive Secretary			

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Signature of Executive Secretary			